

## Instructions for MOHS Training Overtime/Backfill Pre-Requisition Form

### General Instructions

**Complete the form in its entirety.** Incomplete forms will be returned. Once completed, make a copy for your records and send the original to:

*Mayor's Office of Homeland Security  
Boston City Hall, Room 603  
1 City Hall Plaza  
Boston MA 02201*

**Questions about this form** should be directed to Sara Phillips, Assistant Director, at 617-635-1400.

### Requestor Information

Enter the name of the individual who is responsible for completing the form and to whom questions about the information should be directed. Also include the phone and email information, the Discipline, and the Department/City/Town Name represented.

### Specifications

Enter the title and a brief description of the course or training session, and attach a printed description, outline, agenda or syllabus from the provider.

Enter the name of the provider or sponsor of the course/session, along with the duration, in hours, days or weeks as appropriate, and signify if the course is already approved by the Office of Domestic Preparedness. If you are unsure, circle the question mark (?).

If this request is related to a specific Project, Project Plan, or Program, please note that in the Related Project field.

In 'Other', include any other information on the course or training deemed relevant and important in order to determine the relevancy of it. The lack of detail may result in your request being turned down or returned to you for more information. If there is insufficient space, please feel free to attach further documentation.

### Estimated Training Costs

This section may be completed for individual employees or for groups of employees; which you choose will depend on the nature of the training and how many employees are attending.

If you choose to supply individual employee names, you should include the number of hours they are expected to be in training, the employee's standard hourly rate, the overtime rate, and the expected or extended cost to attend the training.

If there are numerous attendees, you may group and list them logically. For example, you may list managers, police sergeants, and fire lieutenants as three separate groups, listing total hours for training along with an average hourly and overtime hourly rate, and estimated extended cost for all within that group.

### Jurisdiction Point of Contact Signature & Date

For each Jurisdiction represented in the request, the Jurisdiction Point of Contact must sign the Pre-

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## Requestor Information

Please enter the following information: Please select from drop down list:

Name		Discipline	
Phone		<i>If other, please indicate</i>	
Email		Department/City/Town Name	
		<i>If other, please indicate</i>	

## Specifications

Please enter the following information:

<b>Course Title</b>	
<b>Course Description</b>	
<b>Provider</b>	
<b>Duration</b>	
<b>ODP Approved?</b>	Y / N / ?
<b>Other Information</b>	

Please select from drop down list:

Project (if applicable)	
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### Estimated Training Costs

Please enter the following information:

Employee Name or Group	# of Hours	Std Hrly Rt	Overtime Hrly	Extended Cost
<b>Total</b>				

**Jurisdiction Pont of Contact Signature & Date**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### City of Boston Use Only

Request: Appr / Rej Date:

**Comments:**

## Header Defaults

Percent	100		SubClass	24	0
GL Unit	BOSTN		Bud Year	1997	
Account	55911		Budget Date		
Fund	200		Project/Grant		
DeptID	0		Location	4880	
Program	0	A			